



## Application for a Special Needs Big Game Hunt

\_\_\_\_\_, hereby  
(Organization Name)  
**requests the issuance of an Idaho hunting license and tag for a special needs hunt for:**

### PLEASE TYPE OR PRINT LEGIBLY:

Name \_\_\_\_\_  
(first, initial & last)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (required by Idaho Law) Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Name and phone number of organization contact: \_\_\_\_\_

Please select one species: Deer ☐ Elk ☐ Pronghorn ☐ Moose ☐  
Black Bear ☐ Mountain Lion ☐

Please provide the hunt unit you are requesting: \_\_\_\_\_

Please list or attach your organization's mission statement below.

Please attach your organizations IRS determination letter.

The holder of a special needs tag must be accompanied when hunting by an adult in possession of a current Idaho hunting license valid for hunting big game. Please provide name, address, and license # of the accompanying adult: \_\_\_\_\_.

I certify that:

- I am authorized to make this application for this organization and child;
- This organization is qualified under Internal Revenue Code Section 501(c) (3) as a nonprofit organization;
- That our primary mission is to offer opportunities and experiences to minor children with life threatening medical conditions; and
- The above listed child has a life threatening medical condition and is hereby eligible to receive an Idaho hunting license and tag for a special needs hunt.

\_\_\_\_\_  
Signature and Title of Organization Official

\_\_\_\_\_  
Date